fusion and the use of blood products.

The text throughout is remarkably readable, though there are the inevitable complexities. Thus G. W. G. Bird and G. H. Tovey tell us about the seven subgroups of blood group A and the eight antigenic variants plus six "satellite" antigens in the MNS system, so we are relieved to find the Rh-group notations unaltered. A. Jacobs sets out to upset our ideas about how iron-deficiency can properly be diagnosed, though treatment remains straightforward. E. R. Huehns in table 12.1, which occupies seven pages, gives us some biochemical detail of all the 141 amino-acids of the α-chain and the 146 amino-acids of the β-chain of the haemoglobin molecule, with notes to show where the γ-chain (fetal Hb) and the δ-chain differ from the β-chain; but the treatment of sickle-cell disease remains empirical. G. Hamilton Fairley and A. G. Stansfield avoid too much histological detail and adopt a reasonable classification for the lymphomata which can be related to clinical differences; they have an interesting discussion on how the results of varying treatments can be assessed.

In a book of this size containing so much of interest, only a few points can be selected for comment. It is fair to say that it represents a first-class account of the technique and practice of British haematology at the present time. It reflects the greatest credit on editors and contributors and will surely take its place as a standard textbook on the subject. There are only two points I have reservations about. One is the bibliography, which is extensive and placed at the end of each chapter, running to 150 to 400 references for most chapters and over 500 for two chapters; it would surely be more useful for research purposes if, as in Wintrobe's book, they were arranged in alphabetical name order rather than as they occur in the text. The other is the high price, which will inevitably limit to departmental or even faculty libraries the circulation of a book that otherwise every haematologist would wish to own.

M. C. G. ISRAËLS

Medical Urological Conditions

Postgraduate Nephrology. Roger Gabriel, M.R.C.P. (Pp. 216; £2·25.) Butterworths. 1974.

This monograph surely reflects the quality of the author's nephrological training and the distinction of his teachers. It is eminently practical, up to date, free from unnecessary verbiage, and attractively presented. By omitting lengthy accounts of applied physiology, alternative interpretations of pathological processes, variable forms of therapy, and a bibliography, it has been possible to present readers with a clear, concise account of the majority of medical urological conditions likely to be discussed by examination candidates at the request of their examiners or seen by the so-called general physician. As well as a chapter on special investigations, there is one entitled "Lists of nephrological disorders," in which a mélange of laboratory, biochemical, metabolic, and clinical clichés ranging from normal values of arterial pH and P_{CO_2} to the biochemistry of metabolic bone disease and the causes of an increased electrocardiographic Q-T interval is to be found.

The author's special interest in the immunological aspects of renal disease has not prevented him from giving a balanced account of the many other aspects of medical urology, and indeed he is to be commended for committing himself to a consideration—somewhat imperfect and far from complete—of surgical diseases of the urinary tract. Some doubtful statements, omissions, and errors are inevitable in a book of this type. For example, ureteric reflux may in fact involve both parts of a duplex system, hypercalciuria occurs in a significant proportion of cases of medullary sponge kidney, and the urine urea concentration in physiological oliguria is usually more than 2 g/100 ml (not 2 mg/100 ml) and less than 80 mg/100 ml (not 2 mg/100 ml) when intrinsic renal disease is present. There are also several spelling mistakes. But such deficiencies are not serious detractions and I doubt if they will prevent many from buying and reading this excellent paperback.

RALPH SHACKMAN

Scurvy Treatment of the Aborigine

Every Second Child. Archie Kalokerinos. (Pp. 145; price not given.) Thomas Nelson (Australia) Ltd., Melbourne. 1974.

Infant mortality among the offspring of Australian aborigines is appallingly high. *Every Second Child* provides not only a striking title for this book but an almost precise description of the mortality rate. An aboriginal infant is up to 10 times more likely than a white child to die before the age of one. The deaths appear to be from a wide range of "causes," including virus infections, gastroenteritis, the so-called "sudden infant death syndrome," hepatitis, encephalitis, meningitis, pneumonia, and malnutrition. All are commonly associated with anaemia and intestinal parasite infestations.

This was the picture that confronted Dr. Archie Kalokerinos when he went to work among the aborigines in Collarenebri in 1957 and again 10 years later. Not surprisingly, the reader may feel, it stimulated not only his interest but also the highly constructive and controversial responses he recounts in this fascinating book. Yet, in some ways, Dr. Kalokerinos's reaction was surprising. Countless other doctors had worked with aboriginal infants over the years, had seen that many died, and how, but missed the crucial point. Do true pioneers, among whom it looks as if we shall have to rank Dr. Kalokerinos in future, venture into virgin territory because only they can see that it is there?

What Dr. Kalokerinos saw is clearly described and strikingly illustrated in these pages. In short, he saw many infants dying of gross vitamin C deficiency, and some—once he had tumbled to this—being snatched from the jaws of death by administration of ascorbic acid. The knowledge necessary to make the correct diagnosis already existed, the appropriate remedy was already to hand. Yet nobody had previously made the diagnosis, and consequently nobody thought to apply the preventive and therapeutic measures that had long been called for. Even when Dr. Kalokerinos drew attention to the almost complete lack of vitamin C in aboriginal diets, to the consequent need for administering ascorbic acid, and to the striking improvement in infant mortality that resulted, many of his fellow doctors not only remained unconvinced but rejected his ideas and apparently even managed to prevent their early appearance in print. Scurvy treatment, indeed, but applied in the wrong quarter.

Rather than recount the steps of Dr. Kalokerinos's discovery and its reluctant acceptance, it may be more pertinent to inquire why so many others—presented with the same opportunity—failed to make it. One answer that springs to mind is that none of them may ever have seen an advanced case of scurvy.

The speculation that this book invites about such questions and about the reluctance of many doctors to accept new ideas in our supposedly scientific times makes it stimulating reading, over and above the author's skilful presentation of his vitally important tale. In addition, there are several bonuses. First, Linus Pauling's foreword in which he suggests once again that we may all be deficient in vitamin C, especially by contrast with our cousins the gorillas who apparently consume something like 5000 mg a day. Secondly, Dr. Kalokerinos suggests that vitamin C deficiency may play a potentially correctable part in many of the ills of western infants, notably sudden infant deaths. Thirdly, Dr. Irwin Stone postulates in an appendix that inability to synthesize our own ascorbic acid can be traced back to a defective gene acquired in the evolution of our primate suborder, the *Anthropoidea*. Perhaps another one accounts for our resistance to new ideas? Let's hope, at least, that Dr. Kalokerinos's thought-provoking book gets a better reception than that initially given to his revolutionary observations.

GEORGE BIRDWOOD